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HEALTH CARE STUDIES AND
CLINICAL INVESTIGATION ACTIVITY



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PATIENT SATISFACTION SURVEY
1989-1990

EXECUTIVE SUMMARY

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<p>✓ Patient Satisfaction Surveys were developed from the Group Health Association of America (GHAA) Consumer Satisfaction Survey. Patient Satisfaction Surveys were mailed to 9,000 eligible beneficiaries at 37 Army medical treatment facilities (MTFs). Subjects were randomly selected from Defense Eligibility Enrollment Reporting System (DEERS) data lists using zipcodes in the MTF catchment areas. Responses were received from 2,874 with an additional 550 surveys returned as undeliverable. The usable return rate was 32%. Eligible beneficiaries reported moderate satisfaction with the health care received in military medical treatment facilities. The retired personnel reported the most satisfaction, while the active duty dependents were least satisfied. Individuals who have used the military health care system are generally satisfied with the doctors and staff, particularly the friendliness, courtesy, and support given. Specific problems included the appointment system, access to services, telephone information or advice, waiting times, and difficulties with particular clinics or personnel. The majority of the respondents are using outpatient services. Recommendations are offered.</p>				
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PATIENT SATISFACTION SURVEY

Background

The patient satisfaction survey tasking came from Headquarters, Health Services Command requesting the GHAA Consumer Satisfaction Survey instrument be used to survey potential users of DoD medical treatment facilities (HSC Task Number 2293).

METHOD

Subjects

Patient Satisfaction Surveys were mailed to 9,000 eligible beneficiaries at 37 Army medical treatment facilities (MTFs). For each of the medical centers, 400 individuals were selected; for the other medical activities, 200 individuals were chosen. Subjects were randomly selected from Defense Eligibility Enrollment Reporting System (DEERS) data lists using zipcodes in the MTF catchment areas.

Procedure

Control numbers were used to identify the MTF and the category of beneficiary (active duty, active duty dependent, retired, or retired/deceased dependent); this became the "anticipated" category of beneficiary. Subjects reported their own category of beneficiary; this became the "self reported" category of beneficiary. The lists of eligible beneficiaries were determined from the DEERS patient populations at the selected Army MTFs. Mailing labels were developed from the DEERS lists broken down by zipcode areas around the Army MTFs. Problems with the format of the DEERS lists and missing or incomplete addresses delayed the development of mailing lists. Further delays in mailing out the surveys occurred when flooding ruined the majority of the study materials.

Survey instruments were sent out from December 1989 through March 1990. As surveys were returned, the contents were edited and comments coded. Items were scored as suggested by GHAA. Content categories were developed using the GHAA criteria. The ten GHAA content categories were access, choice-continuity, communication, finances, interpersonal care, technical quality, outcomes, overall quality, time spent, and general satisfaction.

Overview

Descriptive statistics were computed for respondents' demographics as to category of beneficiary, branch of service, gender, and rank. Psychometrics on the GHAA content categories for the rated items were examined using factor analyses and reliability estimates. Comparative analyses were conducted by category of beneficiary (Active Duty, Active Duty Dependent, Retired, Retired/Deceased Dependent), type of nearest DoD facility (MEDCEN, MEDDAC), type of health care program used (DoD MTF Only, CHAMPUS Plus, Private/Other), and use patterns. Comments written by respondents were analyzed for content.

RESULTS

DEMOGRAPHICS

As of 25 May 1990, responses had been received from 2,874 individuals, with an additional 550 surveys returned as undeliverable. The usable return rate was 32%.

Category of Beneficiary Users

The distribution of eligible beneficiary categories of the 9,000 sent out was Active Duty (27.4%), Active Duty Dependents (34.1%), Retired (16.8%), and Retired/Deceased Dependents (21.5%). Of the 2,874 respondents analyzed, the proportions for the "anticipated" beneficiary categories were Active Duty (25.4%), Active Duty Dependents (26.5%), Retired (21.6%), Retired/Deceased Dependents (26.3%), and unidentified (0.1%). The proportions as "self reported" by the respondents were Active Duty (28.6%), Active Duty Dependents (23.2%), Retired (24.4%), Retired/Deceased Dependents (23.9%), and unidentified (<0.1%). There was not a significant difference between the distributions ($r=.960$). The "self reported" category of beneficiary was used for all analyses.

PSYCHOMETRICS

A series of analyses were conducted to determine the psychometric properties of the items. The analyses included a principal components factor analysis of the 37 rated items; the amount of variance accounted for was 68.3%. The GHAA content categories were subjected to reliability estimates using the Kuder Richardson procedure to calculate coefficient alphas. Reliability estimates were calculated for the item clusters extracted from the factor analysis. Inter-item Pearson product moment correlation coefficients were calculated between selected items. In general, the GHAA content area items had quite acceptable psychometric properties, with coefficient alphas ranging from .885 to .944.

COMPARATIVE ANALYSES

Analysis of variance comparisons were made on the ten GHAA content categories; comparisons were made for Category of Beneficiary, Type of Nearest DoD Facility, Type of Health Care Program Used, and use patterns. Means of the content category responses for each respondent were the dependent measures.

Comparisons were made between the types of health care program used in response to Q38. Responses were collapsed as follows: DoD Medical Treatment Facility only (51.3%), CHAMPUS or some combination with CHAMPUS (32.7%), private health insurance (16.0%). There were significant differences between the types of health care program used; the users of the DoD Medical Treatment Facility were generally most satisfied, while the CHAMPUS users were significantly less satisfied.

Who Uses the DoD Health System?

In response to Q42, 88.8% asserted to have used the DoD Health System. The distribution of individuals who had used the DoD Health System broken down by category of beneficiary was Active Duty (89.3%), Active Duty Dependents (93.9%), Retired (85.6%), and Retired/Deceased Dependents (86.4%).

In response to Q44, 80.8% of respondents reported using the MTF in the last 12 months. The distribution of recent users by category of beneficiary was Active Duty (84.9%), Active Duty Dependents (90.0%), Retired (73.8%), and Retired/Deceased Dependents (73.7%).

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RESULTS

DEMOGRAPHICS

As of 25 May 1990, responses had been received from 2,874 individuals, with an additional 550 surveys returned as undeliverable. The usable return rate was 32%.

In response to Q45, 16.9% stated overnight admission for medical care during the last 12 months (n=472). The distribution of inpatient admissions by category of beneficiary was Active Duty (17.0%), Active Duty Dependents (21.4%), Retired (16.1%), and Retired/Deceased Dependents (13.1%).

Response to Q47 showed that 82.0% made outpatient visits for medical care during the last 12 months (n=2285). The distribution of outpatient visits by category of beneficiary was Active Duty (82.8%), Active Duty Dependents (91.5%), Retired (75.7%), and Retired/Deceased Dependents (77.9%).

Level of Satisfaction: Ratings

The overall level of satisfaction reported was good (mid-point on a 5-point scale). The most satisfaction was expressed with the areas dealing with interpersonal care, the technical quality, and access to care facilities. The specific issues with the highest satisfaction ratings were "Convenience of the location of the office;" "Friendliness and courtesy shown to you by doctors;" "Respect shown to you, attention to your privacy;" "Completeness and quality of medical offices & facilities;" and "Skill, experience, and training of doctors."

The lowest satisfaction ratings were with phone access to care and with choice of personal doctor. The specific issues with the lowest ratings were "Length of time it takes to make appointment by phone," "Arrangements for choosing a personal doctor," "Ease of seeing the doctor of your choice," "Availability of medical information or advice by phone," and "Length of time you wait between making an appointment for routine care and the day of your visit."

COMMENTS

Level of Satisfaction: Comments

The comments added by the respondents supported a moderate level of satisfaction with the medical care received. The most positive comments dealt with specific MTFs. There were emphatic negative comments offered about several areas. Specific negative comments dealt with the appointment system, a particular clinic or service, and the waiting time at the office to see the doctor.

DISCUSSION

Areas Needing Change

Among the areas rated needing attention were those dealing with the appointment system, waiting times, the choice of a particular provider, and phone access to care. The specific issues with the lowest satisfaction ratings were with the "Length of time it takes to make appointment by phone," "Arrangements for choosing a personal doctor," "Length of time you wait between making an appointment for routine care and the day of your visit," "Arrangements for making appointments for medical care by phone," "Ease of seeing the doctor of your choice," and "Availability of medical information or advice by phone." The comments added by the respondents were specifically negative about the appointment systems, particular clinics or programs, and the waiting times.

What Do These Findings Mean?

The majority of the respondents are using outpatient services at DoD MTFs. Individuals who have used the DoD Health System are generally satisfied with the care provided by the doctors and staff, particularly the interpersonal dynamics (the friendliness, courtesy, respect, reassurance, and support given to the patients). Once the patient got into the system, the MTF staff was perceived as providing good health care. The problem was obtaining access to the system or telephone information about specific problems. The retired patients were most satisfied with the care provided, while the Active duty dependents were least. The retired patients were most likely to add comments about their experiences.

The GAO study (1989) findings are most similar to the present study. The GAO results showed overall satisfaction with the care received in the military treatment facilities surveyed (three were Army facilities). The active duty personnel and dependents were somewhat less satisfied with the care than were retirees and their dependents. Patients generally considered the MTF staff to be courteous and competent. Outpatient appointments often were difficult to make. Comments on outpatient care dealt with rude or impersonal staff, more staff needed, and staff perceived as incompetent. Comments on inpatient care included rude or impersonal staff, compliments to hospital or staff, and staff perceived as incompetent.

CONCLUSIONS

Eligible beneficiaries reported moderate satisfaction with the health care received in military medical treatment facilities. The retired personnel reported the most satisfaction, while the active duty dependents were least satisfied. Individuals who have used the military health care system are generally satisfied with the doctors and staff, particularly the friendliness, courtesy, and support given. Specific problems included the appointment systems, access to services, telephone information or advice, waiting times, and difficulties with particular clinics or personnel. The majority of the respondents are using outpatient services.

RECOMMENDATIONS

Periodic surveys need to be conducted to assess changes in the health care delivery system. Feedback of findings for publication in post newspapers would be helpful to praise medical treatment personnel for the good work being done, while offering suggestions for further improvement. It might also reassure the eligible beneficiaries that their comments were being heard.

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